

Foster Family Home - Corrective Action Report

Provider ID: 1-597544

Home Name: Rufina Samson, CNA

Review ID: 1-597544-5

91-1178 Kupipi Place

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 12/13/2018

End Date: 12/17/18

Foster Family Home

Required Certificate

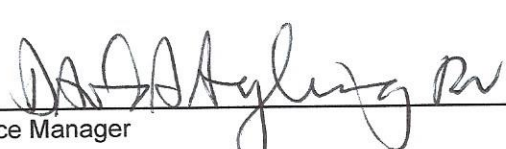
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/13/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

12/13/18
Date

12/13/2018
Date